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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*** *None SH*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 CHINA 02128078.9 12/23/2002 *SH*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***  
 03/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CHINA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
 29933

**TITLE**

Use of methyltestosterone as a drug for treatment of human papilloma virus infections

<b>FILING FEE RECEIVED</b> 595	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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